

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

STANDARD CERTIFICATE OF BIRTH

State File No. 142

Registered No. _____

1. PLACE OF BIRTH

County Gila State Arizona

District or Township Rice or Village _____

City _____ No. _____ St. _____ Ward _____

(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Polly Johnson If child is not yet named, make supplemental report, as directed.

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other. _____	6. Legitimate? <u>yes</u>	7. Date of birth <u>10</u> / <u>10</u> / <u>28</u> . Month Day Year
		5. No., in order of birth. _____		

8. FATHER
Full name Richard Johnson

9. Residence
(Usual place of abode) Globe,
If non-resident, give place and state. Ariz.

10. Color or race Apache
4/4 Indian 11. Age at last birthday 50 (Years)

12. Birthplace (city or place) San Carlos,
(State or country) Ariz.

13. Occupation
Nature of industry Common labor

14. MOTHER
Full maiden name Gunez Kinney

15. Residence
(Usual place of abode) Globe,
If non-resident, give place and state. Ariz.

16. Color or race Apache
4/4 Indian 17. Age at last birthday 34 (Years)

18. Birthplace (city or state) Rice,
(State or country) Ariz.

19. Occupation
Nature of industry Housewife

20. Number of children of this mother. _____ (Taken as of time of birth of child herein certified and including this child).	(a) Born alive and now living <u>3</u> (b) Born alive but now dead <u>1</u> (c) Stillborn <u>0</u>	21. Were precautions taken against oph- thalmia neonatorum. <u>no</u>
--	--	---

report CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was born alive at 7 A. m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. H. Sawyer, M.D.

Given name added from _____ Address San Carlos, Ariz. (Physician or midwife).

Month, day, year _____ Filed _____, 19. C. H. Sawyer
Registrar. Registrar.

715-1010-728